

Form DA2041 – Accident Report/Louisiana State Driver Safety Program INSTRUCTIONS

Available on ORM Website: http://doa.louisiana.gov/orm/pdf/da_2041.pdf

Purpose:

- Used to report vehicle accidents which occur while conducting official state business in:
 - o State vehicles
 - o State leased and state rented vehicles
 - o Personal vehicles (use must be approved by supervisor to conduct official state business)

Preparation:

- Form must be typed or completed in blue or black ink. Pencil entries are not acceptable.
- **All entries must be clearly and legibly written or typed.**
- Form must be reviewed and signed by supervisor or other designated individual.

Instructions:

1. **AGENCY NAME:** Put the name of your Office/Division/Section – i.e. DCFS Iberville Parish CW; DCFS Lafayette CSE; DCFS MFD Information Services
2. **PERSON TO CONTACT:** Name of person in office that will handle claim information
3. **PHONE:** Telephone number of contact person that will handle claim information
4. **LOC. CODE:** ORM Location Code – specific code assigned to State Office, Regions and DDS
5. **STATE VEHICLE DRIVER'S NAME:** Name of state employee driving the state owned, state leased, state rented or personal vehicle
6. **PERSONNEL NUMBER:** Personnel # of driver
7. **DATE OF ACCIDENT:** Month, day & year of accident
8. **TIME OF ACCIDENT:** Time accident occurred – place checkmark by am or pm
9. **EXACT LOCATION OF ACCIDENT (Use street numbers, mileage markers, etc. to pinpoint location):** Complete in as much detail as possible – i.e. Intersection of Florida Blvd & Main Street, Baton Rouge; Interstate 12 Eastbound, mile marker 24, past Exit #34B; Hammond; Parking lot of Alexandria State Office Building, 900 Murray Blvd, Alexandria
10. **DESCRIBE HOW ACCIDENT HAPPENED:** Complete in as much detail as possible – include an extra page if needed – i.e. State vehicle was heading westbound through green light at intersection of Florida Blvd. & Main St., Baton Rouge. Another vehicle headed eastbound attempted to turn left and hit state vehicle in the left passenger door.
11. **SEAT BELT IN USE:** Check yes or no ... when vehicle is in use, seatbelts must be used by ALL occupants.

STATE VEHICLE INFORMATION

- If accident involves state leased/rented vehicle – cross out & write “**LEASED or RENTED**”
 - If accident involves personal vehicle used for state business – cross out & write “**PERSONAL**”
 - Use this section to report information on the vehicle driven by the STATE EMPLOYEE
 - If property (other than a vehicle) is damaged, use the “Other Vehicle Information” section and substitute property owner information for vehicle driver –i.e. If state vehicle hits a fence, building, sign, or damages lawn or shrubbery, etc.
 - All lines must be completed
12. **STATE VEHICLE DRIVER’S ADDRESS:** Home address of state employee driving state owned, state leased, state rented or personal vehicle.
13. **HOME PHONE:** Home phone number of state employee driver
14. **WORK PHONE:** Work phone number of state employee driver
15. **DRIVER’S LICENSE #:** Driver’s license of state employee driver (include home state if not LA license)
16. **AGE:** Age of state employee driver
17. **SEX:** Check Male or Female (state employee driver)
18. **VEHICLE’S OWNER’S NAME AND ADDRESS:** Put the name and address of your Office/Division/Section – i.e. DCFS MFD Information Services; 627 N. 4th Street; Baton Rouge, LA
19. **YEAR VEHICLE:** Year of state owned, state leased, state rented or personal vehicle
20. **MAKE VEHICLE:** Make of state owned, state leased, state rented or personal vehicle
21. **MODEL VEHICLE:** Model of state owned, state leased, state rented or personal vehicle
22. **BODY TYPE:** Body type of state owned, state leased, state rented or personal vehicle – i.e. Sedan, Van, SUV, Truck
23. **VEHICLE LIC. #/EQUIP #/VIN:** License Plate & entire seventeen (17) digit VIN# of state owned, state leased, state rented or personal vehicle. For state owned vehicles, include the entire eleven (11) digit property tag number (i.e. 17500-012345)
24. A. **WHERE CAN THE VEHICLE BE SEEN:** Put physical address where vehicle can be seen by insurance adjusters
- If state owned or leased vehicle cannot be driven, it must be towed to the nearest DCFS office to avoid storage fees
 - If state rented vehicle cannot be driven, it must be towed to the nearest car rental location
 - If personal vehicle cannot be driven, it should be towed to the repair shop of choice or home of the state employee driver
24. B. **DESCRIBE DAMAGE:** Describe the visible damage to the state owned, state leased, state rented or personal vehicle

OTHER VEHICLE INFORMATION

- Use this section to report information on the vehicle driven by the NON- STATE EMPLOYEE
- Complete as much as possible at the time of accident (ask other driver or responding police department for information)
- If more than one vehicle is involved, attach additional sheets for other vehicles

25. **OTHER VEHICLE DRIVER'S NAME:** Name of the driver of the other vehicle
26. **DRIVER'S SS Number: NO LONGER REQUIRED**
27. **DRIVER'S LICENSE Number:** Driver's license number of the driver of the other vehicle
28. **AGE:** Age of the driver of the other vehicle
29. **SEX:** Check Male or Female (driver of other vehicle)
30. **OTHER VEHICLE DRIVER'S ADDRESS:** Home address of the other driver
31. **HOME PHONE:** Home phone of the other driver
32. **WORK PHONE:** Work phone of the other driver
33. **VEHICLE'S OWNER'S NAME AND ADDRESS:** Name and address of the OWNER of the other vehicle
34. **YEAR VEHICLE:** Year of the other vehicle
35. **MAKE VEHICLE:** Make of the other vehicle
36. **MODEL VEHICLE:** Model of the other vehicle
37. **BODY TYPE:** Body type of the other vehicle – i.e. Sedan, Van, SUV, Truck
38. **VEHICLE LICENSE NUMBER/EQUIPMENT NUMBER/VIN:** License Plate & entire seventeen (17) digit VIN of the other vehicle.
39. **WHERE CAN THE VEHICLE BEEN SEEN?** Provide if known
40. **OTHER VEHICLE INSURANCE CO.:** Insurance information for other vehicle
41. **POLICY Number:** Insurance policy number for other vehicle
42. **DESCRIBE DAMAGE:** Describe the visible damage to the other vehicle
43. **ESTIMATED AMOUNT:** Provide if it can be estimated

INJURED

44. **NAME AND ADDRESS:** Include the names & address of all injured – use additional sheets if needed.
45. **PHONE:** Include a contact number for use by the insurance adjuster
46. **PEDESTRIAN:** Place a checkmark in the applicable box
47. **INSURED VEHICLE:** Place a checkmark in the applicable box
48. **OTHER VEHICLE:** Place a checkmark in the applicable box
49. **POLICE INVESTIGATED**
Yes or No: Place a checkmark in the applicable box
State, Sheriff, City: Place a checkmark in the applicable box
- **Report Number (Item Number):** Put the report number obtained from the officer on scene who wrote the report

WITNESSES OR PASSENGERS

- 50. **NAME AND ADDRESS:** Include the names & address of all injured – use additional sheets if needed.
- 51. **WITNESS OR PASSENGER:** Place a checkmark in the applicable box
- 52. **PHONE:** Include a contact number for use by the insurance adjuster
- 53. **PEDESTRIAN, INSURED VEHICLE, OTHER VEHICLE, SPECIFY:** Place a checkmark in the applicable boxes and specify if witness was male or female
- 54. **STATE DRIVER'S SIGNATURE:** Signature of driver of state owned, state leased, state rented or personal vehicle. Print name after signature.
- 55. **NAME OF DRIVER'S IMMEDIATE SUPERVISOR & PHONE NUMBER:** Printed name and phone number of the supervisor of the driver of the state owned, state leased, state rented or personal vehicle.

Disposition:

- Scan a copy of the information to the appropriate Office Safety Coordinator for review, no later than twenty-four (24) hours after the accident occurs. **DO NOT WAIT FOR A COPY OF THE POLICE REPORT.**
- Office Safety Coordinator or designee must scan to DCFS Safety Officer, with a copy to the Support Services Unit Manager, no later than twenty-four (24) hours after the accident occurs. **DO NOT WAIT FOR A COPY OF THE POLICE REPORT.**
- DCFS Safety Officer must scan a copy to the Office of Risk Management, with a copy of the cover email to the reporting office, no later than forty-eight (48) hours after the accident occurs.
- Retain a copy in reporting office file.
- All forms will be reviewed for accuracy by the Administrative Services Section. Incomplete forms may be returned to the supervisor for corrections and resubmittal.
- Failure to submit timely may result in an audit finding.

Retention:

- Retain the form per [DCFS Policy 6-02 Retention of Departmental Records](#)